

STATE OF HAWAII - INSURANCE DIVISION  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
PO BOX 3614, HONOLULU, HI 96811-3614  
335 MERCHANT ST., ROOM 213, HONOLULU, HI 96813

**APPLICATION FOR INDEPENDENT BILL REVIEWER'S LICENSE**

**TO THE INSURANCE COMMISSIONER OF THE STATE OF HAWAII:**

The undersigned, as provided in the Hawaii Insurance Law, hereby applies for a Independent Bill Reviewer's License for the purpose to review or audit billings for medical services in the State of Hawaii.

1. SOCIAL SECURITY NUMBER	2. BIRTH DATE (MO/DAY/YR)	3. STATE OF RESIDENCE
4. LAST NAME,	FIRST NAME,	MIDDLE INITIAL(S)
5. BUSINESS ADDRESS INCLUDE CITY, STATE, ISLAND AND ZIP CODE (DO NOT INDICATE POST OFFICE BOX)		
6. MAILING ADDRESS INCLUDE CITY, STATE, ISLAND AND ZIP CODE		
6. BUSINESS PHONE NUMBER		

Further, the undersigned certifies that he/she will comply with all provisions of the Hawaii Insurance Law.

Dated at \_\_\_\_\_, on \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant